ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State	File	No. 155a
Regist	teréd	No

1. PLACE OF BIRTH	STANDARD CERTI	FICATE OF BIRTH	·	
County Ma		State		
District or Topishe Col	auran		StWard	- 4
City May	in Heller	hospital or institution give	its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.	
2. Full name of child		er 6. Legitlmate i	7. Date 1.1 1991931	
. Sex of Child To be answered in scent of plura			of birth Month Day Year	
8. Full name 5	ATHER LATE	14. Full malden name	ctorie felis	
- Company	1. 1. 1.	15. Residence (Usual place of	bounklinan	
9. Residence (Usual place of policy If non-resident, give place an	d state.	If non-resident, give I	place and state.	
to Color or tace	2/	16. Color or race	17. Age at last birthday 25 Years	
Mux 11.	Age at last birthdrag (Years)	mex_	17. Age at last birthday	2
12. Birthplace (city or pace)	Muneton	18. Birthplace (city or (State or countr	// · · · · · · · // / / · /	
(State or country)	high-		An While	
13. Occupation	ned,	19. Occupation Nature of Industry	roomer fo	
Nature of Industry	mu mult	lve and now living.	21. Were precautions taken against opl	 h-
20. Number of children of this (Taken as of time of birth of children of this children of t	hild herein (a) Stillhorn	ive but now dead	Galmia neonatordari	=3
certified and including this care	CERTIFICATE OF ATTENI	ING PHYSICIAN OR MID	at on the date above state	d.
	d the birth of this child, who was	fiorn alive or stillborn	Hurtend	ئىرى ئىرى دا ھىسىد
When there was no atten or midwife, then the father etc., should make this return	A etiliborn	Manual I	(Physician or midmito).	
etc., should make this return the child is one that neither shows other evidence of life fiven name added from	after birth.		les and	
a approximately report and a second	ionth, day, year	Oct 10:31	PSI Thou	I
72010136	Registrar.	Contraction of the 12 may a green	Registrar	